

MANAGING YOUR CHILD'S ASTHMA
Participant Evaluation

Thank you for attending this presentation today. In order to make this presentation better for others, we would like you to answer a few questions. Please take a minute to fill out this form. Except where noted, please mark one choice for each of the following questions.

1. Do you live with someone who has asthma?
(Mark all that apply)
 - Self
 - Spouse
 - Child
 - Extended family member
 - None of the above
2. Do you know someone who has asthma? (Mark all that apply)
 - Immediate family member not currently living in same house (e.g. child, spouse)
 - Extended family member
 - Friend
 - Neighbor
 - None of the above
3. Which parts of the forum were most helpful?
(Mark all that apply.)
 - Anatomy of a healthy lung, What is asthma?
 - Asthma misconceptions and truths
 - Asthma triggers
 - Asthma zones & Asthma action plans
 - Asthma medications
 - Case scenarios
4. How useful was the information provided?
 - Very
 - Somewhat
 - Not at all
 - Don't know
5. Do you plan to use the information to help manage your child's asthma or another friend or family member's asthma?
 - Yes
 - No
 - Unsure
6. Does your child or another family member or friend have an asthma action plan?
 - Yes
 - No
 - Unsure
 - Not applicable
7. Are you on a controller medicine, which is a daily asthma medicine, other than Albuterol?
 - Yes
 - No
 - Unsure
 - Not applicable
8. How satisfied were you with the class leader?
 - Very
 - Somewhat
 - Not at all
 - Don't know
9. Overall, how satisfied were you with the class?
 - Very
 - Somewhat
 - Not at all
 - Don't know

If you have additional comments, please write them on the back of this paper.

Thank you!